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I hereby certify under 37 C.F.R. § 1.10 that this correspondence is being deposited with the United States Postal Service as "Express Mail Post Office to Addressee" with sufficient postage on the date indicated above and is addressed to: BOX PATENT APPLICATION, Assistant Commissioner for Patents, Washington, D.C. 20231.  Gry Beardsley  Jun Plandley				
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UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 C.F.R. § 1.53(b)

Attorney Docket Number	50216/003004			
Applicant	Gerald Krystal et al.			
Title	PEPTIDES AND THEIR USE TO AMELIORATE CELL DEATH			
PRIORITY INFORMATION:				
This application is a continuation of and claims priority from United States patent application 09/294,457, filed April 19, 1999.				
SMALL ENTITY STATUS:				
□ Applicant claims small entity status under 37 C.F.R. § 1.27.				
APPLICATION ELEMENTS:				
Cover sheet		1 page		
Specification		30 pages		
Claims		3 pages		
Abstract		1 page		
Drawing		3 sheets		
Combined Declaration and POA, which is:  ☑ Unsigned; □ Newly signed for this application; □ A copy from prior application [**SERIAL NUMBER**] and the entire disclosure of the prior application is considered as being part of the disclosure of this new application and is hereby incorporated by reference therein.		2 pages		
Sequence Statement		2 pages		
Sequence Listing on Paper		6 pages		
Sequence Listing on Diskette		1 disk		
Small Entity Statement, which is:  □ A copy from prior application [**SERIAL NUMBER**] and such small entity status is still proper and desired.		[**] pages		

[\*\*] pages

**Preliminary Amendment** 

IDS	2 pages		
Form PTO 1449	1 page		
Cited References	[**] references		
Recordation Form Cover Sheet and Assignment:	[**] pages		
Application Assigned of Record to Simon W. Rabkin Recorded on October 8, 1999, Reel/Frame 010305/0997			
Application Assigned of Record to 3592227Canada Limited Recorded on October 8, 1999, Reel/Frame 010305/0990			
English Translation	[**] pages		
Certified Copy of Priority Document	[**] pages		
Return Receipt Postcard	1		
FILING FEES:			
Basic Filing Fee: \$355	\$355.00		
Excess Claims Fee: 23 - 20 x \$9	\$27.00		
Excess Independent Claims Fee: 3 - 3 x \$40	\$****		
Multiple Dependent Claims Fee: \$270/\$135	\$***		
Total Fees:	\$382.00		
<ul> <li>Enclosed is a check for \$382.00 to cover the total fees.</li> <li>□ Charge [**AMOUNT**] to Deposit Account No. 03-2095 to cover the total fees.</li> <li>□ The filing fee is not being paid at this time.</li> <li>☑ Please apply any other charges, or any credits, to Deposit Account No. 03-2095.</li> </ul>			
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Signature	July 31, 2001		

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